

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES



### DAYTON FACILITY FINAL AUDIT SUMMARY

**Name of facility:** DAYTON RESIDENTIAL REENTRY PROGRAM

**Physical address:** 1931 SOUTH GETTYSBURG AVENUE, DAYTON OHIO 45417

**Date report submitted:** August 15, 2014

#### Auditor Information

**Address:** PO BOX 732 BENICIA CALIFORNIA 94510-0732

**Email:** eiw@comcast.net

**Telephone number:** (707) 333-8303

**Date of facility visit:** 7/30/14 to 7/31/14

#### Facility Information

**Facility mailing address:** *(if different from above)*

**Telephone number:** (937) 262-8876

<b>The facility is:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Private not for profit			

<b>Facility Type:</b>	<input type="checkbox"/>	<input type="checkbox"/> Community based confinement facility	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Name of Facility Head:</b> JOE LITE	<b>Title:</b> DIRECTOR	
<b>Email address:</b> joe.lite@voago.org	<b>Telephone number:</b>	9372628876
<b>Name of PREA Compliance Manager (if applicable):</b> HEIDI SULLENBERGER	<b>Title:</b> COMPLIANCE	TRAINING MANAGER
<b>Email address:</b> Heidi.sullenberger@voago.org	<b>Telephone number:</b>	

#### Agency Information

**Name of agency:** VOLUNTEERS OF AMERICA OF GREATER OHIO

**Governing authority or parent agency:** *(if applicable)*

**Physical address:** 8225 BRECKSVILLE ROAD SUITE 206 CLEVELAND, OHIO 44141

**Mailing address:** *(if different from above)*

**Telephone number:** (216) 238-8431

#### Agency Chief Executive Officer

<b>Name:</b> DENNIS KRESAK	<b>Title:</b> CEO
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<b>Email address:</b> dennis.kresak@voago.org	<b>Telephone number:</b>	(216) 287-8431
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> HEIDI SULLENBERGER	<b>Title:</b>	COMPLIANCE & TRAINING MANAGER
<b>Email address:</b> Heidi.sullenberger@voago.org	<b>Telephone number:</b>	(937) 238-8431

## AUDIT FINDINGS

### **NARRATIVE:**

ON 7/29 THRU 7/30 2014, AN AUDIT OF THE DAYTON FACILITY WAS CONDUCTED. THE AUDIT BEGAN WITH ENTRY INTERVIEW, AND FACILITY TOUR ACCOMPANIED BY THE PREA COORDINATOR, PROGRAM DIRECTOR AND ASSISTANT DIRECTOR. THE INTAKE AREA, FRONT DAY ROOM, COUNSELOR OFFICES, WEIGHT ROOM, CAFETERIA & KITCHEN, MAIN FACILITY HALLWAY, LAUNDRY ROOM, STORAGE AREAS & BOILER ROOM, ALL 5 DORMITORIES, RECREATION AREAS, SMOKING AREAS AND BATHROOM/SHOWER AREAS WERE VIEWED. THE OUTSIDE OF THE FACILITY ACCESSIBLE TO RESIDENTS WAS ALSO OBSERVED. STAFF & RESIDENT INTERACTIONS WERE OBSERVED. TECHNOLOGY MONITORING SYSTEMS WERE REVIEWED. THE TOUR WAS FOLLOWED BY 10 RANDOMLY SELECTED RESIDENTS AND STAFF FOLLOWED BY SPECIALIZED STAFF, CONTRACTORS/VOLUNTEERS AND ADMINISTRATIVE STAFF. 10 RANDOM CLIENT SCREENING FILES WERE REVIEWED, FINDING ONLY ONE NON-COMPLIANT WITH TIMEFRAMES. RESIDENT PREA EDUCATION RECORDS WERE FOUND PREA TRAINING DATES AFTER ARRIVAL TO BE IN COMPLIANCE, HOWEVER, THE TRAINING SHEETS WERE NOT SIGNED BY EITHER CLIENT OR STAFF. ON 7/31/14, A SAMPLE OF 10 STAFF PERSONNEL FILES AND 2 CONTRACT FILES WERE REVIEWED. INITIAL BACKGROUND CHECK WAS IN ORDER BUT THERE WAS NO BACKGROUND RE-CHECK PER STANDARD.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

DAYTON FACILITY IS A 1 STORY BUILDING WHICH IS COMPRISED OF 5 DOUBLE BUNK DORMITORIES WITH RECREATION AREA BETWEEN DORMITORIES WITH SHARED SMOKING AREAS BETWEEN DORMS. ONE OPEN-BAY SHOWER IN THE MIDDLE OF THE FACILITY SERVED THE RESIDENT POPULATION. INTAKE, MAIN CONTROL AREA, DAY ROOM AND CASE MANAGERS ROOMS DOMINATE THE ENTRY OF THE FACILITY. WEIGHT ROOM IS LOCATED OFF THE DAY ROOM WITH OUTSIDE RECREATION AREA. FACILITY HAS A LAUNDRY ROOM, DINING ROOM AND KITCHEN. THERE IS A CONTROL BOOTH IN THE MIDDLE OF THE MAIN HALLWAY WHICH RUNS THROUGH THE HEART OF THE FACILITY AND IS SITUATED BETWEEN THE DORMITORIES. THE FACILITY HAS NUMEROUS CAMERAS INSIDE AND OUTSIDE THE FACILITY, HOWEVER THE CAMERAS ARE ANALOG CAMERAS AND NUMEROUS BLIND SPOTS WERE OBSERVED IN THE DAY ROOM-COPY ROOM AREA, WEIGHT ROOM, KITCHEN ENTRY FROM CAFETERIA, REAR OF KITCHEN, LOADING DOCK AND BACK STORAGE AREA OF KITCHEN, MAIN HALLWAY (STORAGE ROOM & BOILER ROOM CANNOT BE SEEN), ALL DORMITORIES AND ENTRY DORMITORY HALLWAYS LEADING TO THE BATHROOM. FACILITY HOUSES 126 RESIDENTS WITH A DESIGNED CAPACITY OF 120. FACILITY SECURITY LEVEL IS TRANSITIONAL CARE, PROBATION, PAROLE AND PAROLE RETURN TO CUSTODY.

### **SUMMARY OF AUDIT FINDINGS:**

ON JULY 30, 2014 THROUGH JULY 31, 2014, A PREA AUDIT TOUR WAS CONDUCTED AT THE VOLUNTEERS OF AMERICA GREATER OHIO DAYTON FACILITY, LOCATED IN DAYTON OHIO. SUMMARY OF AUDIT FINDINGS ARE AS FOLLOWS:

NUMBER OF STANDARDS EXCEEDED: **1**

NUMBER OF STANDARDS MET: **15**

NUMBER OF STANDARDS NOT MET : **23**

**CORRECTIVE ACTION & FINAL REPORT RESULTS:**

NUMBER OF STANDARDS EXCEEDED: 1

NUMBER OF STANDARDS MET: 38

NUMBER OF STANDARDS NOT MET : 0

**115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS ZERO TOLERANCE POLICY PER STANDARD 115.211(a). AGENCY PREA COORDINATOR INTERVIEW DETERMINES POSITION DOES NOT HAVE SUFFICIENT TIME OR AUTHORITY TO IMPLEMENT & OVERSEE COMPLIANCE W/PREA STANDARDS. POSITION IS NOT IDENTIFIED ON THE ORGANIZATIONAL CHART.

**CORRECTIVE ACTION:**

- 1) AGENCY TO PROVIDE THE AGENCY-WIDE PREA COORDINATOR POSITION SUFFICIENT TIME AND AUTHORITY TO DEVELOP, IMPLEMENT & OVERSEE AGENCY'S EFFORTS FOR PREA COMPLIANCE PER STANDARD 115.211(b).
- 2) IDENTIFY PREA COORDINATOR POSITION IN ORGANIZATIONAL CHARG PER 115.211(b)
- 3) DESIGNATE PREA COORDINATOR POSITION IN AN UPPER LEVEL POSITION ON ORGANIZATIONAL CHART PER 115.211(b)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - AGENCY AMENDED ORGANIZATIONAL CHART TO INCORPORATE PREA COORDINATOR AT THE EXECUTIVE MANAGEMENT LEVEL. 10/15/14 JOB DESCRIPTION REVISION SPECIFIES SPECIFIC JOB CRITERIA RELATED TO PREA WHICH MEETS STANDARD 115.211(b)

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

NEITHER AGENCY NOR FACILITY HAS ENTERED INTO CONTRACTS WITH PRIVATE AGENCY. OR ENTITY FOR THE CONFINEMENT OF RESIDENTS SINCE AUGUST 2012. THIS STANDARD DOES NOT APPLY TO THIS AGENCY.

<b>115.213</b>	<b>Supervision and monitoring</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

STAFFING PLAN PROVIDED. DOCUMENTATION INDICATES STAFFING PLAN REVIEW CONDUCTED IN 2/15/14. VIDEO MONITORING IS NOT MENTIONED AS A CONSIDERATION IN CREATING STAFF PLAN. POLICY FAILS TO MENTION MANDATE OF 1 YEAR REVIEW OF STAFFING PLAN PER STANDARD 115.213(c).

**CORRECTIVE ACTION:**

- 1) AGENCY POLICY TO INCLUDE CONSIDERATION OF VIDEO MONITORING AS CONSIDERATION WHEN DEVELOPING AND REVIEWING STAFFING PLAN PER STANDARD 115.213(c)
- 2) AGENCY POLICY TO INCLUDE ANNUAL REVIEW TO BE DOCUMENTED TO ENSURE COMPLIANCE WITH STANDARD 115.213(c)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-15-15 - CORRECTIVE ACTION COMPLETED & STANDARDS MET. POLICIES 300.19 & 800-03 NARRATIVES MEET STANDARD. STAFFING PLAN DATED 1/14/15 MEETS THE PREA STANDARDS CRITERIA OUTLINED IN 115.213(c)

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY/FACILITY COMPLIANT WITH STANDARD 115.215 TO INCLUDE TRAINING OF STAFF AND TRAINING CURRICULUM. INTERVIEW WITH STAFF INDICATES KNOWLEDGE AND TRAINING CONSISTED WITH PREA STANDARD AND AGENCY POLICY.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DICTATES AGENCY'S MANDATE TO PROVIDE DISABLED RESIDENTS COMPLETE ACCESS TO ALL ASPECTS OF SEX ABUSE HARASSMENT/PREVENTION DOCUMENTATION & TNG. CLIENT HANDBOOK IS ONLY IN ENGLISH, THERE IS NO CONTRACT, AGREEMENT OR VERIFICATION ATTEMPTS TO OBTAIN AN AGREEMENT WITH INTERPRETIVE AGENCY TO PROVIDE NON-RESIDENT INTERPRETERS. NO INCLUSION OF EXIGENT CIRCUMSTANCE WHEN RESIDENT INTERPRETERS ARE USED - IN POLICY.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE IDENTIFIED IN STANDARD 115.216(C),
- 2) TRANSLATE CLIENT HANDBOOK INTO AT LEAST ONE LANGUAGE IN ADDITION TO ENGLISH.
- 3) ATTEMPT TO OBTAIN AGREEMENT WITH NON RESIDENT INTERPRETERS
- 4) AMEND POLICY TO INCLUDE "EXIGENT CIRCUMSTANCES" WHEN THERE IS A NEED TO USE RESIDENT INTERPRETERS PER STANDARD 115.216(c)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-16 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES CLIENT HANDBOOK IN SPANISH WHICH PROVIDES EFFECTIVE COMMUNICATION. E-MAIL COMMUNICATION VERIFIES AGENCY ATTEMPTS AT MOU WITH COMMUNITY BASED INTERPRETER AGENCIES - INTERPRETERS OF THE DEAF, MAIMI VALLEY INTERPRETERS, ACCESS CENTER FOR INDEPENDENT LIVING

<b>115.217</b>	<b>Hiring and promotion decisions</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

HIRING POLICY DOES NOT INCLUDE NARRATIVE IN 115.217(a) REGARDING REFUSAL TO HIRE PERSON WHO HAD BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED IN CASE OF SEX ACTIVITY INCOMMUNITY BY FORCE, COERCION OR VICTIM WAS UNABLE TO CONSENT OR REFUSE. POLICY CONSIDERS HISTORY OF SEX ABUSE/HARASSMENT IN CONSIDERATION OF HIRE. POLICY MANDATES AGENCY TO MAKE BEST EFFORT TO CONTACT ALL PRIOR INSTITUTIONAL EMPLOYERS ON INFORMATION ON SEX ABUSE PRIOR

TO HIRE. POLICY FAILS TO MENTION CONTRACTORS WHEN MENTIONING BACKGROUND CHECKS. CONTACT WITH HUMAN RESOURCES INDICATE BACKGROUND CHECKS ARE CONDUCTED BY THEIR ONLY CONTRACTOR, ARAMARK, WHO MAINTAINS THE CONTRACTORS FILES. HUMAN RESOURCES DOES NOT MAINTAIN FILES OR BACKGROUND CHECKS ON CONTRACTORS OR CONDUCT 5 YEAR BACKGROUND RE-CHECKS ON CURRENT EMPLOYEES.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE IN 115.217(a).
- 2) AGENCY TO AMEND POLICY TO INCLUDE CONTRACTORS WHEN MENTIONING BACKGROUND CHECK TO COMPLY WITH 115.217(d)
- 3) AGENCY TO AMEND POLICY TO INCLUDE 5 YEAR BACKGROUND CHECKS FOR EMPLOYEES & CONTRACTORS PER 115.217(e)
- 4) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE FROM 115.217(h) WITH REGARDS TO PROVIDING SUBSTANTIATED SEX ABUSE INFORMATION INVOLVING A FORMER EMPLOYEE UPON REQUEST FROM INSTITUTIONAL EMPLOYER FOR WHOM SUCH EMPLOYEE HAS APPLIED TO WORK

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 300:05 WHICH INCORPORATES LANGUAGE CONSISTENT WITH STANDARDS 115.217(a), 115.217(d), 115.217(e), and 115.217(h)

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

ADDITIONAL VIDEO TECHNOLOGY HAS BEEN INSTALLED SINCE AUGUST 2012. AGENCY SEEMS TO HAVE CONSIDERED THE EFFECT IF TECHNOLOGY AS IT RELATES TO MONITORING AND SAFETY TO RESIDENTS SUCH TECHNOLOGY BRINGS. TOUR OBSERVATION DETERMINED A LACK OF COVERAGE THE CURRENT TECHNOLOGY PROVIDES WHICH COMPROMISES THE SAFETY OF RESIDENTS WITH REGARDS TO SEX ABUSE/HARASSMENT.

**CORRECTIVE ACTION:**

ADDITIONAL CAMERA(S) NEED TO BE INSTALLED IN THE INTAKE HALLWAY, CAMERA TO COVER THE BLIND SPOT NEAR THE COPY ROOM IN FRONT DAY ROOM, WEIGHT ROOM, KITCHEN ENTRY WAY, KITCHEN STORAGE AREA, REAR OF KITCHEN AREA - TO VIEW BACK OF REEFER AND SHED AREA, MAIN HALLWAY TO COVER BOTH BOILER ROOM DOOR & STORAGE AREA DOOR, A-DORM, B-DORM, BATHROOM BETWEEN C&D DORM HALLWAY ENTRY TO BATHROOM, D-DORM, E-DORM.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY RECENTLY INSTALLED NUMEROUS VIDEO TECHNOLOGY TO MONITOR BLIND SPOTS. BOILER ROOM DOOR HAS BEEN SECURED WITH AN FOB KEY ACCESSIBLE ONLY TO CERTAIN STAFF & NEWLY INSTALLED HALLWAY CAMERAS PROVIDES VIEW OF THE HALLWAY DOOR

115.221	Evidence protocol and forensic examinations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY FOLLOWS UNIFORM PROTOCOL REGARDING OBTAINING PHYSICAL EVIDENCE FOR ADMINISTRATIVE AND CRIMINAL PROCEEDINGS. AGENCY USES PROTOCOL DEVELOPED BY THE OFFICE OF THE INSPECTOR GENERAL. AGENCY OFFERS ALL VICTIMS OF SEXUAL ABUSE ACCESS TO FORENSIC EXAMINATIONS AT NO COST TO VICTIM AND PROVIDES STAFF VICTIM ADVOCATE IF REQUESTED BY VICTIM IF NO OUTSIDE AGENCY ADVOCATE IS AVAILABLE. NO DOCUMENTATION OR VERIFICATION PROVIDED TO COMPLY WITH STANDARD 115.221(d), NO MOU, AGREEMENT OR ATTEMPTS TO OBTAIN AGREEMENT FROM OUTSIDE ADVOCATE AGENCY.

**CORRECTIVE ACTION:**

AGENCY TO AT LEAST ATTEMPT TO OBTAIN A MOU OR AGREEMENT WITH OUTSIDE ADVOCATE AGENCY & PROVIDE VERIFICATION OF ATTEMPTS VIA COMMUNICATION DOCUMENTATION TO VERIFY COMPLIANCE WITH CORRECTIVE ACTION.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - BUTLER COUNTY SANE MOU PROVIDED TO INCLUDE E-MAIL CONVERSATIONS PER CORRECTIVE ACTION REQUEST. MOU ONLY PROVIDES SANE ADVOCACY DURING FORENSIC EXAMS ONLY.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DICTATES ALL ADMINISTRATIVE AND CRIMINAL SEX ABUSE INVESTIGATIONS SHALL BE COMPLETED FOR ALL ALLEGATIONS OF SEX ABUSE. PUBLICATION OF POLICY ENSURING ALL SEX ABUS/HARASSMENT ALLEGATIONS ARE NOT PLACED ON AGENCY WEBSITE, NOR DOES POLICY MENTION LANGUAGE IN STANDARDS 115.222(b) OR 115.222(c).

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY NARRATIVE TO INCLUDE LANGUAGE IN STANDARD 115.222(b) IN THAT ALL ALLEGATIONS OF SEX ABUSE/HARASSMENT ARE REFERRED FOR INVESTIGATION TO LEGAL AUTHORITY TO CONDUCT CRIMINAL INVESTIGATIONS AND AGENCY SHALL PUBLISH SUCH POLICY ON IT'S WEBSITE OR THROUGH OTHER MEANS AND DOCUMENT ALL REFERRALS.
- 2) PUBLICATION MENTIONED IN STANDARD 115.222(b) SHALL DESCRIBE RESPONSIBILITIES OF BOTH THE AGENCY AND SEPARATE INVESTIGATIVE ENTITY AS IDENTIFIED IN STANDARD 115.222(C)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST , AGENCY PROVIDED POLICY 1700-04 WHICH INCORPORATES LANGUAGE CONSISTENT WITH STANDARD 115.222(b). ADMINISTRATIVE & CRIMINAL INVESTIGATIVE POLICY PUBLICLY AVAILABLE ON AGENCY WEBSITE.

<b>115.231</b>	<b>Employee training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

STAFF INTERVIEWS DETERMINE ALL STAFF WELL TRAINED IN STANDARD 115.231(a). AGENCY ONLY OPERATES MALE FACILITIES, THEREFORE, THE TRAINING IS TAILORED TO THE POPLULATION PER STANDARD 115.231(b). AGENCY EXCEEDS STANDARD 115.231(c) IN THAT EMPLOYEES RECIEVED TRAINING ANNUALLY, EXCEEDING STANDARD MANDATE OF EVERY TWO YEARS. AGENCY DOCUMENTS EMPLOYEE ACKNOWLEDGEMENT THAT THEY UNDERSTAND THE TRAINING THEY HAVE RECIEVED VIA ANNOTATING STATEMENT ON THE TRAINING SIGNATURE ROSTER.

<b>115.232</b>	<b>Volunteer and contractor training</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

ALL CONTRACTORS TRAINED & 1 VOLUNTEER OUTSTANDING. THE 1 VOLUNTEER HAS NOT RETURNED TO WORK FOR AGENCY SINCE 2013. SHOULD THE VOLUNTEER RETURN, HE/SHE WILL BE TRAINED IAW POLICY & STANDARD 115.232(a). TRAINING RECORDS REVIEW DETERMINE THE TYPE OF TRAINING CONTRACTORS RECEIVED IS CONSISTENT WITH MANDATES OUTLINED IN STANDARD 115.232(b). AGENCY MAINTAINS TRAINING DOCUMENTATION, WHICH INDICATES CONTRACTORS AND VOLUNTEERS UNDERSTAND TRAINING THEY HAVE RECEIVED IAW STANDARD 115.232(c). TRAINING CURRICULUM MEETS PREA STANDARDS.

**CORRECTIVE ACTION:**

AGENCY TO ENSURE THE 1 VOLUNTEER WHO HAS NOT COMPLETED PREA TRAINING, COMPLETE THE TRAINING WITHIN THE 180 CORRECTIVE ACTION PERIOD AND PROVIDE VERIFICATION OF COMPLIANCE VIA SIGNATURE OF TRAINING ACKNOWLEDGEMENT ATTENDANCE SHEET.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:  
2-16-15 - VOLUNTEER IN QUESTION HAS NOT RETURNED TO WORK AT FACILITY. CORRECTIVE ACTION IS MOOT.**

<b>115.233</b>	<b>Resident education</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IN COMPLIANCE WITH STANDARDS 115.233(a), 115.233(b), 115.233(c) AND 115.233(d) INTERVIEWS OF RESIDENTS & STAFF TO INCLUDE AUDIT OBSERVATIONS DETERMINE ADVOCATE POSTERS ARE TOO SMALL FOR RESIDENT & STAFF TO SEE AND, THEREFORE, THE INFORMATION IS NOT READILY VISIBLE FOR THE RESIDENTS.

**CORRECTIVE ACTION:**

POSTERS PLACED THROUGHOUT FACILITY NEEDS TO BE LARGER SO RESIDENTS HAVE ACCESS TO ADVOCATE INFORMATION AND ZERO TOLERANCE POLICY.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY HAS PROVIDED SCREEN SHOT OF ENLARGED POSTERS WHICH PROVIDES EFFECTIVE COMMUNICATION OF ZERO TOLERANCE POLICY & ADVOCATE CONTACT INFO

<b>115.234</b>	<b>Specialized training: Investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY DOES NOT MENTION OR MANDATE INVESTIGATORS TO HAVE, IN ADDITION TO GENERAL EMPLOYEE TRNG, COMPLETE SPECIAL INVESTIGATORS TRNG PER STANDARD 115.234(a). POLICY DOES NOT INCLUDE SPECIALIZED INVESTIGATION CRITERIA PER STANDARD 115.234(b). AGENCY DOES MAINTAIN DOCUMENTATION OF INVESTIGATOR TRAINING. INVESTIGATOR TRAINING CURRICULUM CONSISTENT WITH PREA STANDARDS.

**CORRECTIVE ACTION:**

- 1) POLICY TO BE AMENDED TO MANDATE INVESTIGATORS COMPLETE SPECIAL INVESTIGATION TRAINING IN ADDITION TO GENERAL EMPLOYEE TRAINING PER STANDARDS 115.234(a)
- 2) POLICY TO BE AMENDED TO INCLUDE SPECIALIZED INVESTIGATION CRITERIA IAW STANDARD 115.234(b)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY HAS UPDATED POLICY TO REFLECT LANGUAGE CONSISTENT WITH STANDARD 115.234(a) AND 115.234(b) GUIDELINES

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

NO MEDICAL OR MENTAL HEALTH STAFF EMPLOYED OR CONTRACTED AT THIS FACILITY. MEDICAL AND MENTAL HEALTH SERVICES PROVIDED THROUGH OUTSIDE FACILITY. STANDARDS DO NOT APPLY TO

THIS AGENCY STANDARD 115.235(a), 115.235(b), 115.235(c) AND 115.235(d) DOES NOT APPLY TO THIS AGENCY

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

ALL RESIDENTS ASSESSED AT INTAKE & REASSESSED IN 30 DAYS USING OBJECTIVE SCREENING INSTRUMENT. CRITERIA #7&#9 OF 115.241(d) NOT INCLUDED IN SCREENING INSTRUMENT. POLICY MEETS PREA STANDARDS & INCLUDES NARRATIVE TO MEET STANDARDS 115.241)e, (f), (g), (h) AND (i).

**CORRECTIVE ACTION:**

AGENCY TO UPDATE OBJECTIVE SCREENING INSTRUMENT TO INCLUDE CRITERIA #7 & #8 OF STANDARD 115.41(d) AND PROVIDE VERIFICATION OF AMENDED SCREENING INSTRUMENT.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY HAS AMENDED SCREENING INSTRUMENT WHICH PROVIDES ALL CRITERIA IDENTIFIED IN 115.241(d)

<b>115.242</b>	<b>Use of screening information</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

RISK SCREENING TOOL UTILIZED FOR HOUSING AND PROGRAMMING CLASSIFICATION FOR CLIENTS ASSIGNMENTS BASED ON INDIVIDUAL CASE BY CASE BASIS PER STANDARD 115.242(a), 115.242(b) AND 115.242(c). STANDARDS MANDATING CRITERIA REGARDING TRANSGENDER & INTERSEX CLIENTS ARE NOT IN POLICY.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE CRITERIA OUTLINED IN STANDARDS 115.242(d), 115.242(e), & 115.242(f) REGARDING TRANSGENDER & INTERSEX CLIENTS HAVING THE OPPORTUNITY TO PROVIDE THEIR OWN VIEWS FOR CONSIDERATION REGARDING SAFETY
  - 2) PROVIDING TRANSGENDER & INTERSEX RESIDENTS THE OPPORTUNITY O SHOWER SEPARATELY FROM OTHER RESIDENTS. AGENCY MAY CONSIDER AUGMENTATION OF THE DAYTON OPEN BAY SHOWER FACILITIES
  - 3) NOT PLACING LESBIAN, GAY, BI-SEXUAL TRANSGENDER AND INTERSEX RESIDENTS IN DEDICATED FACILITIES SOLELY ON THE BASIS OF GENDER IDENTIFICATION.
- AGENCY TO PROVIDE AUDITOR WITH POLICY AMENDMENT FOR VERIFICATION OF CORRECTIVE ACTION UPDATE

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED POLICY 1700-09 TO REFLECT NARRATIVE CONSISTENT WITH STANDARDS 114.242(d), 115.242(e) & 115.242(f)

<b>115.251</b>	<b>Resident reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

CLIENTS ARE PROVIDED CONFIDENTIAL REPORTING VIA HOTLINE VIA PAROLE & COMMUNITY SERVICES HOTLINE. INFORMATION PROVIDED AT INTAKE & THROUGH CLIENT HANDBOOK. REPORTING CAN BE MADE VIA 3RD PARTIES, ANNONYMOUSLY, VERBAL & IN WRITING. POLICES COMPLIANT WITH PREA STANDARD.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS GRIEVANCE PROCESS FOR RESIDENTS. POLICY IS NOT IN COMPLIANCE WITH STANDARD 115.252(b) AS TIME LIMIT RESTRICTIONS ARE NOT MENTIONED. CLIENT IS ALLOWED TO SUBMIT GRIEVANCE WITHOUT SUBMITTING TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT OR HAVE IT REFERRED TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT. 90-DAY RESPONSE TIMEFRAME OUTLINED IN POLICY BUT POLICY FAILS TO INCLUDE 70 DAY EXTENSION TIMEFRAME NARRATIVE.

POLICY ALLOWS 3RD PARTIES TO ASSIST IN WRITING GRIEVANCES. EMERGENCY GRIEVANCE NARRATIVE ALSO PROVIDED. DISCIPLINE POLICY WRITTEN INTO POLICY FOR GRIEVANCES FILED IN BAD FAITH.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE 70 DAY EXTENSION & WRITTEN NOTIFICATION OF EXTENSION TO CLIENT AS IDENTIFIED IN STANDARD 115.252(d)
- 2) AGENCY TO AMEND POLICY TO INCLUDE GRIEVANCE TIMEFRAME NARRATIVE AS OUTLINED IN STANDARD 115.252(b).

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED POLICY 1700-10 TO REFLECT LANGUAGE IN STANDARDS 115.252(d) & 115.252(b)

115.253	Resident access to outside confidential support services
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY PROVIDES CLIENT ACCES TO OUTSIDE VICTIM ADVOCATE SERVICES. INFORMATION TO CLIENTS REGARDING LIMITS TO CONFIDENTIALITY & LOCAL LAWS IS NOT INCLUDED IN POLICY PER STANDARD 115.253(b). NO MOU OR ATTEMPTS TO OBTAIN AGREEMENTS WITH COMMUNITY SERVICE PROVIDERS.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE OUTLINED IN STANDARD 115.253(b) WHICH OUTLINES AGENCY'S RESPONSIBILITY TO INFORM RESIDENTS OF LIMITS TO CONFIDENTIALITY AS IT RELATES TO CONFIDENTIAL COMMUNICATION TO COMMUNITY SERVICE PROVIDERS.
- 2) ATTEMPT TO OBTAIN A WRITTEN MOU OR AGREEMENT WITH COMMUNITY SERVICE PROVIDER. SHOULD AGENCY BE UNABLE TO OBTAIN MOU OR AGREEMENT, SECURE COMMUNICATION TO VERIFY ATTEMPT VIA LETTER OR E-MAIL.

**AGENCY TO PROVIDE VERIFICATION OF POLICY AMENDMENT AND WRITTEN VERIFICATION OF MOU, AGREEMENT OR ATTEMPTS TO OBTAIN MOU OR AGREEMENT WITH COMMUNITY SERVICE PROVIDERS FOR VICTIM ADVOCATE TO VERIFY COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 1200-07 WHICH INCORPORATED LANGUAGE CONSISTENT WITH STANDARD 115.253(b). AGENCY PROVIDED MOU WITH SANE OF BUTLER COUNTY WHICH PROVIDES ADVOCACY DURING FORENSIC EXAMINATIONS ONLY.

<b>115.254</b>	<b>Third-party reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY ESTABLISHED METHOD FOR 3RD PARTY REPORTING IS PROVIDED IN CLIENT HANDBOOK. PUBLIC DISTRIBUTION OF HOW TO REPORT SEXUAL ABUSE & SEXUAL HARASSMENT ON BEHALF OF A CLIENT IS ALLEGEDLY INCLUDED IN VOAGO FAMILY & FRIENDS REPORTING POSTER BUT NO PUBLIC PLACEMENT IDENTIFICATION OR PUBLIC ACCESS TO THIS INFORMATION WAS PROVIDED TO AUDITOR.

**CORRECTIVE ACTION:**

PROVIDE PUBLIC DISTRIBUTION OF 3RD PARTY REPORTING INSTRUCTIONS PER STANDARD 115.234(a) ON AGENCY WEBSITE OR OTHER PUBLIC INFORMATION SYSTEM.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

3-5-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES 3RD PARTY REPORTING METHOD PER 115.234(a) LOCATED ON AGENCY WEBSITE. <http://www.voago.org/Our-Services/Corrections>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY REQUIRES STAFF TO IMMEDIATELY REPORT ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING SEX ABUSE. STAFF PROHIBITED FROM REVEALING INFORMATION RELATED TO SEX ABUSE REPORT EXCEPT ON NEED-TO-KNOW BASIS. NO MEDICAL OR MENTAL HEALTH PRACTITIONERS EMPLOYED OR CONTRACTED BY AGENCY OR FACILITY. POLICY IS SILENT REGARDING REPORT OF VICTIM UNDER 18 OR VULNERABLE PERSONS TO STATE OR LOCAL SERVICES AGENCY PER MANDATORY REPORTING LAWS. POLICY INCLUDES FACILITY REQUIREMENT TO REPORT ALL ALLEGATIONS OF SEX ABUSE/HARASSMENT INCLUDING 3RD PARTY & ANNONYMOUS REPORTS TO DISGNATED FACILITY INVESTIGATORS.

**CORRECTIVE ACTION:**

(1) AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE FROM STANDARD 115.261(b) REGARDING PROHIBITION OF REVEALING INFORMATION REGARDING SEX ABUSE REPORTING EXCEPT FOR NEED TO KNOW.

(2) AMEND POLICY TO INCLUDE NARRATIVE LANGUAGE FROM STANDARD 115.261(e) REGARDING REPORT OF ALLEGATION OF SEX ABUSE INCLUDING 3RD PARTY & ANNONYMOUS REPORTS TO

DESIGNATED FACILITY INVESTIGATORS.

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY  
FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

PER CORRECTIVE ACTION REQUEST, POLICY 1200:04 HAS BEEN AMENDED TO INCLUDE NARRATIVE IDENTIFIED IN STANDARD 115.261(d). POLICY 1700:05 HAS BEEN AMENDED TO INCORPORATE LANGUAGE WHICH MEETS STANDARD 115.261(e).

<b>115.262</b>	<b>Agency protection duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY LANGUAGE CONSISTENT WITH STANDARD 115.262(a) AND INTERVIEW OF ADMINISTRATION & STAFF VERIFIES COMPLIANCE.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IN COMPLIANCE WITH STANDARD 115.263(a) IN THAT UPON RECIEVING ALLEGATION CLIENT WAS SEXUALLY ABUSED AT A PREVIOUS FACILITY, AGENCY HEAD WILL NOTIFY SAID FACILITY OF ALLEGATION. SUCH NOTIFICATION SHALL BE PROVIDED IN 72 HOURS AFTER RECIEVING ALLEGATION PER STANDARD 115.263(b). PER STANDARD 115.263(c) THE AGENCY SHALL DOCUMENT IT HAS PROVIDED SUCH NOTIFICATION, AND IF SUCH NOTIFICATION HAS BEEN RECIEVED BY THIS AGENCY, THE ALLEGATION SHALL BE INVESTIGATED ACCORDING TO THESE STANDARDS AS OUTLINED IN STANDARD 115.263(d). DAYTON FACILITY HAS NOT RECIEVED ANY ALLEGEATION OF SEX ABUSE FROM ANY OUTSIDE AGENCY, NOT HAVE THEY RECIEVED A REPORT OR ALLEGATION THAT A CLIENT WAS SEXUALLY ABUSED AT A PREVIOUS FACILITY.

<b>115.264</b>	<b>Staff first responder duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IS PREA COMPLIANT. THERE IS NO HISTORY OF PHYSICAL SEXUAL ABUSE WHERE 1ST RESPONDERS WERE IN ACTION. ALL STAFF ARE 1ST RESPONDERS IN DAYTON FACILITY. INTERVIEW WITH STAFF INDICATE THEY ARE WELL EDUCATION AND TRAINED IN THE PREA REQUIREMENTS OF THIS STANDARD.

<b>115.265</b>	<b>Coordinated response</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS DEVELOPED AN INSTITUTIONAL COORDINATION PLAN & PROTOCOL TO ADDRESS RESPONSE TO SEXUAL ABUSE AMONG STAFF, INVESTIGATORS, LEADERSHIP AND MEDICAL/MENTAL HEALTH. PLAN IS NOT DESIGNATED TO MANSFIELD FACILITY PER THE STANDARD

CORRECTIVE ACTION:

AGENCY TO AMEND PROTOCOL TO ADDRESS SPECIFIC FACILITY PER STANDARD 115.265(a).

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

PER CORRECTIVE ACTION REQUEST, AGENCY HAS AMENDED THE RESPONSE PLAN & EVIDENCE PROTOCOL SPECIFIC TO DAYTON FACILITY. THE PLAN ADDRESSES RESPONSE TO INCIDENT OF SEXUAL ABUSE WHEN IT OCCURS BOTH INSIDE THE FACILITY AND OUTSIDE THE FACILITY.

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY/FACILITY NOT INVOLVED IN ANY FORM OF COLLECTIVE BARGAINING AND STANDARD DOES NOT APPLY.



115.267

**Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IDENTIFIES STAFF CHARGED WITH MONITORING FOR RETALIATION AND EMPLOYMENT OF MULTIPLE PROTECTION MEASURES FOR RESIDENTS WHO FEAR RETALIATION.

**CORRECTIVE ACTION:**

- 1) AGENCY TO AMEND POLICY TO INCLUDE LANGUAGE IDENTIFIED IN STANDARD 115.267(c) REGARDING 90 DAY MONITORING
- 2) AGENCY TO AMEND POLICY TO INCLUDE LANGUAGE CONSISTENT WITH STANDARD 115.267(d) REGARDING PERIODIC MONITORING CHECKS

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 1700-06 WHICH INCORPORATES LANGUAGE WHICH MEETS MANDATES OF STANDARDS 115.267(c) & 115.267(d)

115.271

**Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS STANDARDS BY MANDATING ALL ADMINISTRATIVE & CRIMINAL INVESTIGATIONS WILL BE INVESTIGATED, HOWEVER, THE WORK PROMPTLY IS NOT IDENTIFIED IN THE POLICY. INVESTIGATORS USED WILL HAVE RECEIVED SPECIAL SEX ABUSE INVESTIGATION TRAINING. POLICY & CURRICULUM PROVIDE LANGUAGE REGARDING EVIDENCE COLLECTION AND VICTIM INTERVIEWS. POLICY MENTIONS COMPELLED INTERVIEWS, WHICH IS CONDUCTED ONLY BY LOCAL PD TO INCLUDE CREDIBILITY ASSESSMENT OF VICTIM OR WITNESS. ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS ARE DEFINED.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY TO SPECIFICALLY STATE THAT ADMINISTRATIVE INVESTIGATIONS WILL BE INVESTIGATED "PROMPTLY"
2. AGENCY TO PROVIDE VERIFICATION OF POLICY AMENDMENT TO SATISFY CORRECTIVE

ACTION PLAN

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY AMENDED POLICY 1700-08 TO INCORPORATE INVESTIGATIVE PROTOCOL LANGUAGE TO MEET MANDATE OF STANDARD 115.271(a)

<b>115.272</b>	<b>Evidentiary standards for administrative investigations</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY COMPLIANT WITH STANDARDS. INTERVIEWS VERIFY KNOWLEDGE & EDUCATION CONSISTENT WITH CURRICULUM

<b>115.273</b>	<b>Reporting to residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS ALL STANDARDS REGARDING NOTIFICATION OF THE OUTCOME OF THE INVESTIGATION, REQUEST OF INFORMATION FROM AGENCY WHICH CONDUCTED INVESTIGATION, INFORM RESIDENT IF STAFF MEMBER HAS BEEN SANCTIONED IF THE ALLEGATION WAS SUBSTANTIATED OR UNSUBSTANTIATED, NOTIFICATIONS ARE DOCUMENTED.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH ALL STANDARDS REGARDING DISCIPLINARY SANCTIONS FOR STAFF WHO VIOLATE AGENCY SEX ABUSE POLICY. NO TERMINATIONS OR RESIGNATIONS FROM THIS FACILITY.

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH STANDARD REGARDING CORRECTIVE ACTION FOR CONTRACTORS & VOLUNTEERS WHO ENGAGE IN SEX ABUSE AND PROHIBITION FORM CONTACT WITH RESIDENTS SUBJECT TO FACILITY'S CONSIDERATION

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY CONSISTENT WITH ALL ASPECTS OF STANDARD 115.278.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

NO MEDICAL/MENTAL HEALTH STAFF EMPLOYED OR CONTRACTED AT THIS FACILITY. PER POLICY, TREATMENT TO CLIENT VICTIM OF SEX ABUSE PROVIDED WITHOUT COST TO VICTIM. POLICY ALSO PROVIDED TO CLIENTS VIA RESIDENT HANDBOOK.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY MEETS ALL CRITERIA OF STANDARD 115.283. FACILITY PROVIDES MEDICAL AND MENTAL HEALTH TREATMENT AT NO COST TO VICTIMS OF SEX ABUSE. TREATMENT IS CONSISTENT WITH COMMUNITY LEVEL OF CARE, CHECKS FOR STD, AND 60 DAY MENTAL HEALTH EVALUATION FOR KNOWN RESIDENT ON RESIDENT SEXUAL ABUSERS DEEMED APPROPRIATE BY MENTAL HEALTH PRACTITIONERS.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

POLICY IS NOT IN COMPLIANCE WITH STANDARD 115.286

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE INFORMATION FROM THE FOLLOWING:

1. FACILITY MANDATED TO CONDUCT SEX ABUSE INCIDENT REVIEW TEAM AT CONCLUSION OF EVERY SEX ABUSE INVESTIGATION - PER STANDARD 115.286(a)
2. INCIDENT REVIEW SHALL ORDINARILY OCCUR WITHIN 30 DAYS OF CONCLUSION OF INVESTIGATION - PER STANDARD 115.286(B)
3. MAKEUP OF REVIEW TEAM TO INCLUDE UPPER LEVEL MANAGEMENT WITH INPUT FROM LINE STAFF - PER STANDARD 115.286(c)
4. CONSIDERATION CRITERIA FOR REVIEW TEAM - PER STANDARD 115.286(D)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDED POLICY 1700-08 WHICH INCORPORATED LANGUAGE WHICH MEETS PREA STANDARDS 115.286(a), 115.286(b), 115.286(c), 115.287(d). COPY OF INVESTIGATION & SART REVIEW PROVIDED.

<b>115.287</b>	<b>Data collection</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY HAS NO POLICY OR DATA COLLECTION TO MEET STANDARDS 115.287 (a)/(c), 115.287(B), OR 115.287(d). AGENCY DOES NOT CONTRACT FOR CONFINEMENT OF RESIDENTS PER 115.287(e) OR PROVIDE DATA OF PREVIOUS YEAR TO DOJ PER 115.287(F).

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE POLICY TO MEET REQUIREMENTS OF STANDARD 115.287 REGARDING COLLECTION OF SEX ABUSE DATA
2. AGENCY TO CREATE POLICY MANDATING ANNUAL AGGREGATE SEX ABUSE DATE PER STANDARD 115.287(b)
3. AGENCY TO MAINTAIN, REVIEW & COLLECT DATA (CREATE POLICY) FROM INCIDENT BASED DOCUMENTS

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY 11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDES POLICY 1700-02 WHICH INCORPORATES STANDARD LANGUAGE AND IS CONSISTENT WITH STANDARD MANDATES FOR 115.287(a), 115.287(b) & 115.287(d)

<b>115.288</b>	<b>Data review for corrective action</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY DOES NOT POSSESS POLICY TO ADDRESS STANDARD 115.288

**CORRECTIVE ACTION:**

AGENCY TO CREATE POLICY/ACTION PLAN OR DOCUMENTATION TO:

1. REVIEW DATA & APPLY CRITERIA OULINED IN STANDARD 115.288(a) TO PREPARE ANNUAL REPORT
2. ANNUAL REPORT TO INCLUE COMPARISON OF CURRENT YEAR'S DATEA & CORRECTIVE ACTIONS WITH THOSE FROM PREVIOUS YEARS PER STANDARD 115.288(b)
3. ANNUAL REPORT TO BE APPROVEDBY AGENCY HEAD & MADE AVAILABLE TO PUBLIC VIA AGENCY WEBSITE OR OTHER MEANS PER STANDARD 115.288(c) AMEND POLICY TO ALLOW REDACTION OF

SPECIFIC MATERIAL WHICH MAY POSE SPECIFIC THREAT TO SAFETY & SECURITY TO FACILITY  
PER STANDARD 115.288(d)

**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY  
11, 2015**

**CORRECTIVE ACTION COMPLETED:**

2-16-15 - PER CORRECTIVE ACTION REQUEST, AGENCY PROVIDE POLICY 1700-02 WHICH INCORPORATES  
STANDARD LANGUAGE WHICH MEETS PREA MANDATES FOR STANDARDS 115.288(a), 115.288(b),  
115.288(c), and 115.288(d)

<b>115.289</b>	<b>Data storage, publication and destruction</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the  
standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

AGENCY DOES NOT POSSESS DATA COLLECTION POLICY PER STANDARD 115.289(b). NO POLICY  
MANDATING THE REMOVAL OF PERSONAL IDENTIFIERS ON AGGREGATED DATE ON SEX ABUSE PER  
STANDARD 115.289(c). AGENCY MEETS STANDARD 115.289(a).

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE POLICY REQUIRING AGGREGATED SEX ABUSE DATA FROM FACILITIES UNDER  
IT'S CONTROL BE MADE AVAILABLE TO THE PUBLIC AT LEAST ANNUALLY THROUGH THE AGENCY  
WEBSITE PER STANDART 115.289(b)
2. AGENCY TO CREATE POLICY REQUIRING THE REMOVAL OF ALL PERSONAL IDENTIFIERS FROM  
AGGREGATED SEX ABUSE DATA PRIOR TO MAKING DATA PUBLICLY AVAILABLE.

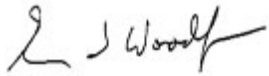
**AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE WITH CORRECTIVE ACTION PLAN BY FEBRUARY  
11, 2015**

**CORRECTIVE ACTION COMPLETED:**

PER CORRECTIVE ACTION REQUEST: AGENCY AMENDED POLICY 1700:02 WHICH REQUIRES  
AGGREGATED DATA FROM ALL FACILITIES UNDER AGENCY CONTROL TO BE MADE  
AVAILABLE TO PUBLIC ANNUALLY THROUGH WEBSITE OR OTHER MEANS. 2014 ANNUAL  
REPORT, WHICH IS PUBLICLY AVAILABLE ON AGENCY WEBSITE, CONTAINS  
AGGREGATED DATA AND NO PERSONAL IDENTIFIERS WHICH MEET PREA STANDARDS  
115.289(b) and 115.289(c)

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the interim report are accurate to the best of  
his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct  
an audit of the agency under review.



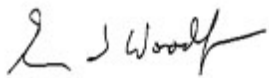
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Auditor Signature

August 14, 2014  
Date

**AUDITOR CERTIFICATION FOR FINAL REPORT:**

The auditor certifies that the contents of this **FINAL** report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



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Auditor Signature

March 13, 2015  
Date





